

B1 (Official Form 1)(1/08)

<b>United States Bankruptcy Court</b> <b>Southern District of Georgia</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle): <b>Murray, William Paul</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-1908</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>398 Martin Luther King St.</b> <b>Crawfordville, GA</b> <div style="text-align: right; margin-top: 5px;">ZIP Code <b>30631</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
County of Residence or of the Principal Place of Business: <b>Taliaferro</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; margin-top: 5px;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
<b>Filing Fee</b> (Check one box)  <input type="checkbox"/> Full Filing Fee attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
<b>Estimated Assets</b> <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Murray, William Paul****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Southern District of Georgia**

Case Number:

**04-13458**

Date Filed:

**9/28/04**

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ JOHN P. WILLIS****March 22, 2010**

Signature of Attorney for Debtor(s)

(Date)

**JOHN P. WILLIS 767375****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Murray, William Paul****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ William Paul Murray**Signature of Debtor **William Paul Murray****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**March 22, 2010**

Date

**Signature of Attorney\*****X /s/ JOHN P. WILLS**

Signature of Attorney for Debtor(s)

**JOHN P. WILLS 767375**

Printed Name of Attorney for Debtor(s)

**FOWLER & WILLS, LLC**

Firm Name

**318 JACKSON ST.****P.O. BOX 1620****THOMSON, GA 30824**

Address

**Email: fowlerwills@classicsouth.net****706-595-8100 Fax: 706-595-9034**

Telephone Number

**March 22, 2010**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Southern District of Georgia**

In re William Paul Murray

Debtor(s)

Case No.  
Chapter13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ William Paul Murray  
William Paul Murray

Date: March 22, 2010

B6 Summary (Official Form 6 - Summary) (12/07)

**United States Bankruptcy Court**  
**Southern District of Georgia**

In re **William Paul Murray**,  
 Debtor

Case No. \_\_\_\_\_

Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>7,800.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>22,145.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>2</b>		<b>44,700.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>9</b>		<b>22,260.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>1,308.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>1,381.00</b>
Total Number of Sheets of ALL Schedules		<b>21</b>			
Total Assets			<b>29,945.00</b>		
Total Liabilities				<b>66,960.00</b>	

**United States Bankruptcy Court**  
**Southern District of Georgia**

In re William Paul Murray,  
 Debtor

Case No. \_\_\_\_\_

Chapter 13

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

**State the following:**

Average Income (from Schedule I, Line 16)	1,308.00
Average Expenses (from Schedule J, Line 18)	1,381.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	1,308.00

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		28,900.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		22,260.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		51,160.00

B6A (Official Form 6A) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1/2 ACRE AND OLD FRAME HOUSE, 394 MARTIN LUTHER KING STREET, CRAWFORDVILLE, GA		-	4,000.00	0.00
398 MARTIN LUTHER KING STREET, CRAWFORDVILLE, GA		-	3,800.00	0.00

Sub-Total > **7,800.00** (Total of this page)

Total > **7,800.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property



B6C (Official Form 6C) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Real Property</b>			
<b>1/2 ACRE AND OLD FRAME HOUSE, 394 MARTIN LUTHER KING STREET, CRAWFORDVILLE, GA</b>	<b>Ga. Code Ann. § 44-13-100(a)(6)</b>	<b>4,000.00</b>	<b>4,000.00</b>
<b>398 MARTIN LUTHER KING STREET, CRAWFORDVILLE, GA</b>	<b>Ga. Code Ann. § 44-13-100(a)(1)</b>	<b>3,800.00</b>	<b>3,800.00</b>
<b>Cash on Hand</b>			
<b>CASH ON HAND (APPROXIMATE)</b>	<b>Ga. Code Ann. § 44-13-100(a)(6)</b>	<b>150.00</b>	<b>150.00</b>
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
<b>CHECKING ACCOUNT (SISTER'S)</b>	<b>Ga. Code Ann. § 44-13-100(a)(6)</b>	<b>500.00</b>	<b>500.00</b>
<b>Household Goods and Furnishings</b>			
<b>HOUSEHOLD GOODS AND FURNISHINGS - SEE ATTACHED SHEET</b>	<b>Ga. Code Ann. § 44-13-100(a)(4)</b>	<b>1,695.00</b>	<b>1,695.00</b>
<b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b>			
<b>DENARD &amp; MOORE PROFIT SHARING</b>	<b>Ga. Code Ann. § 18-4-22</b>	<b>1,600.00</b>	<b>1,600.00</b>
<b>Automobiles, Trucks, Trailers, and Other Vehicles</b>			
<b>1989 DODGE RAM PICKUP</b>	<b>Ga. Code Ann. § 44-13-100(a)(3)</b>	<b>1,000.00</b>	<b>1,000.00</b>
<b>2000 TOYOTA TACOMA</b>	<b>Ga. Code Ann. § 44-13-100(a)(3)</b>	<b>10.00</b>	<b>800.00</b>
<b>OLD SINGLEWIDE MOBILE HOME</b>	<b>Ga. Code Ann. § 44-13-100(a)(3)</b>	<b>500.00</b>	<b>500.00</b>
<b>1998 FLEETWOOD MOBILE HOME</b>	<b>Ga. Code Ann. § 44-13-100(a)(3)</b>	<b>10.00</b>	<b>15,000.00</b>
<b>Other Personal Property of Any Kind Not Already Listed</b>			
<b>NONHOUSEHOLD GOODS AND ITEMS - SEE ATTACHED SHEET</b>	<b>Ga. Code Ann. § 44-13-100(a)(6)</b>	<b>900.00</b>	<b>900.00</b>

Total:	<b>14,165.00</b>	<b>29,945.00</b>
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0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			<b>2000 TOYOTA TACOMA</b>					
<b>1ST FRANKLIN FINANCIAL CORP. P.O. BOX 1409 THOMSON, GA 30824</b>		-						
			Value \$ <b>800.00</b>				<b>2,700.00</b>	<b>1,900.00</b>
Account No.			<b>Representing: 1ST FRANKLIN FINANCIAL CORP.</b>				<b>Notice Only</b>	
<b>1ST FRANKLIN FINANCIAL CORP. 213 E TUGALO ST TOCCOA, GA 30577-2127</b>								
			Value \$					
Account No.			<b>1998 FLEETWOOD MOBILE HOME</b>					
<b>GREEN TREE SERVICING, LLC BANKRUPTCY DEPARTMENT P.O. BOX 6154 RAPID CITY, SD 57709</b>		-						
			Value \$ <b>15,000.00</b>				<b>38,000.00</b>	<b>23,000.00</b>
Account No.			<b>Representing: GREEN TREE SERVICING, LLC</b>				<b>Notice Only</b>	
<b>TALIAFERRO COUNTY SUPERIOR COURT P.O. BOX 182 CRAWFORDVILLE, GA 30631</b>								
			Value \$					
Subtotal (Total of this page)							<b>40,700.00</b>	<b>24,900.00</b>

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re William Paul Murray  
Debtor

Case No. \_\_\_\_\_

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
<b>TOPPING &amp; ASSOCIATES, LLC</b> <b>1930 NORTH DRUID HILLS RD</b> <b>STE B</b> <b>ATLANTA, GA 30319</b>			<b>Representing:</b> <b>GREEN TREE SERVICING, LLC</b>				<b>Notice Only</b>	
			Value \$					
Account No. <b>08M12...</b>			<b>JUDGMENT</b>					
<b>O. A. DENARD</b> <b>907 E. ROBERT TOOMBS AVE.</b> <b>WASHINGTON, GA 30673</b>		-					<b>4,000.00</b>	<b>4,000.00</b>
			Value \$ <b>0.00</b>					
Account No.								
<b>TALIAFERRO COUNTY MAGISTRATE</b> <b>COURT</b> <b>P.O. BOX 264</b> <b>CRAWFORDVILLE, GA 30631</b>			<b>Representing:</b> <b>O. A. DENARD</b>				<b>Notice Only</b>	
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>4,000.00</b>	<b>4,000.00</b>
Total (Report on Summary of Schedules)							<b>44,700.00</b>	<b>28,900.00</b>

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6F (Official Form 6F) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>ASSET ACCEPTANCE, LLC</b> <b>P.O. BOX 2036</b> <b>WARREN, MI 48090</b>	-					<b>2,053.00</b>
Account No.						
<b>CALLAWAY/RAYLE TECH</b> <b>869 CALLAWAY ROAD</b> <b>RAYLE, GA 30673</b>	-					<b>1,300.00</b>
Account No.						
<b>CITIZENS UNION BANK</b> <b>200 NE ST.</b> <b>GREENSBORO, GA 30642</b>	-					<b>10.00</b>
Account No. <b>37...</b>						
<b>CONFER RADIOLOGIST</b> <b>C/O CREDIT BUREAU ASSOC. OF GA</b> <b>420 COLLEGE ST.</b> <b>MACON, GA 31201-6707</b>	-					<b>104.00</b>
Subtotal (Total of this page)						<b>3,467.00</b>

8 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>CROSS COUNTRY BANK P.O. BOX 17123 WILMINGTON, DE 19850</b>	-					<b>370.00</b>
Account No.						
<b>CROSS COUNTRY BANK P. O. BOX 310711 BOCA RATON, FL 33431</b>		<b>Representing: CROSS COUNTRY BANK</b>				<b>Notice Only</b>
Account No.						
<b>DAVENPORT FUNERAL HOME P. O. BOX 836 WASHINGTON, GA 30673</b>	-					<b>2,000.00</b>
Account No.						
<b>DR. LEWIS 1077 BAXTER ST ATHENS, GA 30606</b>	-					<b>209.00</b>
Account No.						
<b>FAIRWAY BUILDERS P. O. BOX 910 WASHINGTON, GA 30673</b>	-					<b>700.00</b>
Sheet no. <u>1</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>3,279.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>FARMERS FURNITURE</b> <b>1012 E. ROBERT TOOMBS AVENUE</b> <b>WASHINGTON, GA 30673</b>	-					<b>678.00</b>
Account No.						
<b>FARMERS FURNITURE INC.</b> <b>P.O. BOX 1140</b> <b>DUBLIN, GA 31040-1140</b>		<b>Representing:</b> <b>FARMERS FURNITURE</b>				<b>Notice Only</b>
Account No.						
<b>GEORGIA PINES FAMILY CLINIC</b> <b>C/O NATIONAL ASSET RECOVERY</b> <b>5600 ROSWELL RD.,NE SUITE 110 N.</b> <b>ATLANTA, GA 30342</b>	-					<b>50.00</b>
Account No.						
<b>HOUSEHOLD AUTOMOTIVE</b> <b>P. O. BOX 17902</b> <b>SAN DIEGO, CA 92177</b>	-					<b>1,100.00</b>
Account No.						
<b>METH HEALTHCARE CENTRAL</b> <b>C/O CONSOLIDATED RECOVERY</b> <b>P. O. BOX 172193</b> <b>MEMPHIS, TN 38187</b>	-					<b>95.00</b>
Sheet no. <u>2</u> of <u>8</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,923.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>MIRACORP</b> <b>P. O. BOX 75600</b> <b>CHARLOTTE, NC 28275</b>		-					<b>95.00</b>
Account No.  <b>MITSUBISHI MOTORS CREDIT</b> <b>C/O RECOVERY BUREAU OF</b> <b>AMERICA</b> <b>P. O. BOX 950</b> <b>SANTA CLARITA, CA 91380</b>		-					<b>9,771.00</b>
Account No. <b>4708...</b>  <b>NCO-MEDCLR</b> <b>507 PRUDENTIAL RD</b> <b>HORSHAM, PA 19044</b>		-					<b>291.00</b>
Account No.  <b>NCO FINANCIAL</b> <b>P.O. BOX 41466</b> <b>PHILADELPHIA, PA 19101-1466</b>			<b>Representing:</b> <b>NCO-MEDCLR</b>				<b>Notice Only</b>
Account No.  <b>WASHINGTON WILKES ER</b> <b>PHYSICIANS</b> <b>P.O. BOX 42475</b> <b>PHILADELPHIA, PA 19101</b>			<b>Representing:</b> <b>NCO-MEDCLR</b>				<b>Notice Only</b>
Sheet no. <b>3</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>10,157.00</b>



B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>4637....</b>  <b>NCO-MEDCLR</b> <b>507 PRUDENTIAL RD</b> <b>HORSHAM, PA 19044</b>		-					<b>291.00</b>
Account No.  <b>WASHINGTON WILKES ER</b> <b>PHYSICIANS</b> <b>P.O. BOX 42475</b> <b>PHILADELPHIA, PA 19101</b>			<b>Representing:</b> <b>NCO-MEDCLR</b>				<b>Notice Only</b>
Account No.  <b>PROTECTION ONE</b> <b>P. O. BOX 521769</b> <b>LONGWOOD, FL 32752</b>		-					<b>329.00</b>
Account No.  <b>STERLING EMERGENCY PHYSICIANS</b> <b>P. O. BOX 47659</b> <b>JACKSONVILLE, FL 32247</b>		-					<b>125.00</b>
Account No. <b>107...</b>  <b>WILKES COUNTY EMS</b> <b>105 MARSHALL STREET</b> <b>WASHINGTON, GA 30673</b>		-					<b>1,045.00</b>
Sheet no. <b>4</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>1,790.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>COLLECTION SERVICES OF ATHENS</b> <b>P.O. BOX 8048</b> <b>ATHENS, GA 30603</b>			<b>Representing:</b> <b>WILKES COUNTY EMS</b>				<b>Notice Only</b>
Account No.  <b>WILLIAM DERRICOTT</b> <b>204 WHITEHALL ST.</b> <b>WASHINGTON, GA 30673</b>		-					<b>500.00</b>
Account No.  <b>WILLS MEMORIAL HOSPITAL</b> <b>P.O. BOX 370</b> <b>WASHINGTON, GA 30673</b>		-					<b>361.00</b>
Account No.  <b>LANIER COLLECTION AGENCY</b> <b>P.O. BOX 15519</b> <b>SAVANNAH, GA 31416</b>			<b>Representing:</b> <b>WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No.  <b>LANIER COLLECTION AGENCY</b> <b>18 PARK OF COMMERCE BLVD</b> <b>SAVANNAH, GA 31405-7410</b>			<b>Representing:</b> <b>WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Sheet no. <b>5</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>861.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>308...</b>						
<b>WILLS MEMORIAL HOSPITAL P.O. BOX 370 WASHINGTON, GA 30673</b>	-					<b>135.00</b>
Account No.						
<b>LANIER COLLECTION AGENCY P.O. BOX 15519 SAVANNAH, GA 31416</b>		<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No.						
<b>LANIER COLLECTION AGENCY 18 PARK OF COMMERCE BLVD SAVANNAH, GA 31405-7410</b>		<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No. <b>308...</b>						
<b>WILLS MEMORIAL HOSPITAL P.O. BOX 370 WASHINGTON, GA 30673</b>	-					<b>164.00</b>
Account No.						
<b>LANIER COLLECTION AGENCY P.O. BOX 15519 SAVANNAH, GA 31416</b>		<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Sheet no. <b>6</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>299.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>LANIER COLLECTION AGENCY 18 PARK OF COMMERCE BLVD SAVANNAH, GA 31405-7410</b>			<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No. <b>308...</b>  <b>WILLS MEMORIAL HOSPITAL P.O. BOX 370 WASHINGTON, GA 30673</b>		-					<b>50.00</b>
Account No.  <b>LANIER COLLECTION AGENCY P.O. BOX 15519 SAVANNAH, GA 31416</b>			<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No.  <b>LANIER COLLECTION AGENCY 18 PARK OF COMMERCE BLVD SAVANNAH, GA 31405-7410</b>			<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No. <b>308...</b>  <b>WILLS MEMORIAL HOSPITAL P.O. BOX 370 WASHINGTON, GA 30673</b>		-					<b>434.00</b>
Sheet no. <b>7</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="text-align: right;">Subtotal (Total of this page)</div>							<b>484.00</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>LANIER COLLECTION AGENCY P.O. BOX 15519 SAVANNAH, GA 31416</b>		<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No.						
<b>LANIER COLLECTION AGENCY 18 PARK OF COMMERCE BLVD SAVANNAH, GA 31405-7410</b>		<b>Representing: WILLS MEMORIAL HOSPITAL</b>				<b>Notice Only</b>
Account No.						
Account No.						
Account No.						
Sheet no. <b>8</b> of <b>8</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	Subtotal (Total of this page)					<b>0.00</b>
Total (Report on Summary of Schedules)					<b>22,260.00</b>	

B6G (Official Form 6G) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

B6H (Official Form 6H) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

\_\_\_\_ continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **William Paul Murray**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Separated</b>	RELATIONSHIP(S): <b>None.</b>	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>LABORER</b>	
Name of Employer	<b>WILLIAM DERRICOTT</b>	
How long employed		
Address of Employer	<b>W. D. PACKAGE STORE 204 WHITEHALL ST. WASHINGTON, GA 30673</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>0.00</b>	\$ <b>N/A</b>

2. Estimate monthly overtime

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

3. SUBTOTAL

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

b. Insurance

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

c. Union dues

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

d. Other (Specify): \_\_\_\_\_

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ <b>958.00</b>	\$ <b>N/A</b>
------------------	---------------

8. Income from real property

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

9. Interest and dividends

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

11. Social security or government assistance

(Specify):

**FOOD STAMPS**

\$ <b>200.00</b>	\$ <b>N/A</b>
------------------	---------------

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

12. Pension or retirement income

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

13. Other monthly income

(Specify):

**RENTAL INCOME**

\$ <b>150.00</b>	\$ <b>N/A</b>
------------------	---------------

\$ <b>0.00</b>	\$ <b>N/A</b>
----------------	---------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>1,308.00</b>	\$ <b>N/A</b>
--------------------	---------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>1,308.00</b>	\$ <b>N/A</b>
--------------------	---------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ <b>1,308.00</b>	
--------------------	--

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

\* **DEBTOR'S INCOME IS BASED ON A YEAR TO DATE MONTHLY AVERAGE FROM HIS 2009 1099.**



B6J (Official Form 6J) (12/07)

In re William Paul Murray

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<b>286.00</b>
a. Are real estate taxes included?	Yes _____ No <u>X</u>		
b. Is property insurance included?	Yes <u>X</u> No _____		
2. Utilities:		\$	<b>200.00</b>
a. Electricity and heating fuel		\$	<b>40.00</b>
b. Water and sewer		\$	<b>0.00</b>
c. Telephone		\$	<b>0.00</b>
d. Other _____		\$	<b>25.00</b>
3. Home maintenance (repairs and upkeep)		\$	<b>300.00</b>
4. Food		\$	<b>25.00</b>
5. Clothing		\$	<b>25.00</b>
6. Laundry and dry cleaning		\$	<b>25.00</b>
7. Medical and dental expenses		\$	<b>258.00</b>
8. Transportation (not including car payments)		\$	<b>0.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<b>20.00</b>
10. Charitable contributions		\$	<b>50.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	<b>0.00</b>
a. Homeowner's or renter's		\$	<b>0.00</b>
b. Life		\$	<b>0.00</b>
c. Health		\$	<b>27.00</b>
d. Auto		\$	<b>0.00</b>
e. Other _____		\$	<b>25.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments)		\$	
(Specify) <b>PROPERTY TAXES AND CAR TAGS</b>		\$	<b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		\$	
a. Auto		\$	<b>50.00</b>
b. Other <b>VERIZON</b>		\$	<b>0.00</b>
c. Other _____		\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others		\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home		\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<b>25.00</b>
17. Other <b>GROOMING, HYGIENE, ETC.</b>		\$	<b>0.00</b>
Other _____		\$	

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **1,381.00**

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$	<b>1,308.00</b>
b. Average monthly expenses from Line 18 above	\$	<b>1,381.00</b>
c. Monthly net income (a. minus b.)	\$	<b>-73.00</b>

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court  
Southern District of Georgia**

In re **William Paul Murray**

Debtor(s)

Case No.

Chapter

**13**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **23** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 22, 2010**

Signature **/s/ William Paul Murray**

**William Paul Murray**

Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Southern District of Georgia**

In re William Paul Murray

Debtor(s)

Case No.

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>1,750.00</u>
Prior to the filing of this statement I have received .....	\$	<u>0.00</u>
Balance Due .....	\$	<u>1,750.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

**Any time spent on this case in excess of 7.69 hours will be billed at an hourly rate of \$195.00.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: March 22, 2010/s/ JOHN P. WILLS

**JOHN P. WILLS 767375  
FOWLER & WILLS, LLC  
318 JACKSON ST.  
P.O. BOX 1620  
THOMSON, GA 30824  
706-595-8100 Fax: 706-595-9034  
fowlerwills@classicssouth.net**

Date March 22, 2010Signature /s/ William Paul MurrayWilliam Paul Murray

Debtor

**WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF GEORGIA**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

## **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.**

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Southern District of Georgia**

In re William Paul Murray

Debtor(s)

Case No.

Chapter

13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

William Paul Murray

Printed Name(s) of Debtor(s)

X /s/ William Paul Murray

Signature of Debtor

March 22, 2010

Date

Case No. (if known) \_\_\_\_\_

X \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Southern District of Georgia**

In re William Paul Murray

Debtor(s)

Case No. \_\_\_\_\_

Chapter

13

**CERTIFICATION OF CREDITOR MAILING MATRIX**

The purpose of the Certification of Creditor Mailing Matrix form is to certify that the creditor information provided on the diskette (or by ECF submission) matches **exactly** the creditor information provided on the schedules. Accordingly, I hereby certify under penalty of perjury that the master mailing list of creditors submitted on computer diskette or electronically via the CM/ECF system is a true, correct and complete listing to the best of my knowledge and that the names and number of creditors provided on the diskette/ECF submission corresponds exactly to the creditor information listed on the schedules.

I further acknowledge that (1) the accuracy and completeness in preparing the creditor listing are the shared responsibility of the debtor and the debtor's attorney; (2) the court will rely on the creditor listing for all mailings; (3) the various schedules and statements required by the Bankruptcy Rules are not used for mailing purposes; and (4) that debtor, attorney and trustee information is not included on the diskette or electronic submission.

The master mailing list of creditors is submitted via:

- ☐ computer diskette listing a total of \_\_\_\_\_ creditors which corresponds exactly to the schedules; or
- ☒ electronic means (ECF) listing a total of 36 creditors which corresponds exactly to the schedules.

/s/ William Paul Murray

William Paul Murray

Debtor

/s/ JOHN P. WILLS

JOHN P. WILLS 767375

Attorney for Debtor(s)

Date: March 22, 2010

Revised: 10/05

EXHIBIT 1

Murray, William -

WILLIAM PAUL MURRAY  
398 MARTIN LUTHER KING ST.  
CRAWFORDVILLE GA 30631

CROSS COUNTRY BANK  
P.O. BOX 17123  
WILMINGTON DE 19850

HOUSEHOLD AUTOMOTIVE  
P. O. BOX 17902  
SAN DIEGO CA 92177

JOHN P. WILLS  
FOWLER & WILLS, LLC  
318 JACKSON ST.  
P.O. BOX 1620  
THOMSON, GA 30824

CROSS COUNTRY BANK  
P. O. BOX 310711  
BOCA RATON FL 33431

LANIER COLLECTION AGENCY  
P.O. BOX 15519  
SAVANNAH GA 31416

1ST FRANKLIN FINANCIAL CORP.  
P.O. BOX 1409  
THOMSON GA 30824

DAVENPORT FUNERAL HOME  
P. O. BOX 836  
WASHINGTON GA 30673

LANIER COLLECTION AGENCY  
18 PARK OF COMMERCE BLVD  
SAVANNAH GA 31405-7410

1ST FRANKLIN FINANCIAL CORP.  
213 E TUGALO ST  
TOCCOA GA 30577-2127

DR. LEWIS  
1077 BAXTER ST  
ATHENS GA 30606

METH HEALTHCARE CENTRAL  
C/O CONSOLIDATED RECOVERY  
P. O. BOX 172193  
MEMPHIS TN 38187

ASSET ACCEPTANCE, LLC  
P.O. BOX 2036  
WARREN MI 48090

FAIRWAY BUILDERS  
P. O. BOX 910  
WASHINGTON GA 30673

MIRACORP  
P. O. BOX 75600  
CHARLOTTE NC 28275

CALLAWAY/RAYLE TECH  
869 CALLAWAY ROAD  
RAYLE GA 30673

FARMERS FURNITURE  
1012 E. ROBERT TOOMBS AVENUE  
WASHINGTON GA 30673

MITSUBISHI MOTORS CREDIT  
C/O RECOVERY BUREAU OF AM  
P. O. BOX 950  
SANTA CLARITA CA 91380

CITIZENS UNION BANK  
200 NE ST.  
GREENSBORO GA 30642

FARMERS FURNITURE INC.  
P.O. BOX 1140  
DUBLIN GA 31040-1140

NCO FINANCIAL  
P.O. BOX 41466  
PHILADELPHIA PA 19101-1466

COLLECTION SERVICES OF ATHENS  
P.O. BOX 8048  
ATHENS GA 30603

GEORGIA PINES FAMILY CLINIC  
C/O NATIONAL ASSET RECOVERY  
5600 ROSWELL RD.,NE SUITE 110 N.  
ATLANTA GA 30342

NCO-MEDCLR  
507 PRUDENTIAL RD  
HORSHAM PA 19044

CONFER RADIOLOGIST  
C/O CREDIT BUREAU ASSOC. OF GA  
420 COLLEGE ST.  
MACON GA 31201-6707

GREEN TREE SERVICING, LLC  
BANKRUPTCY DEPARTMENT  
P.O. BOX 6154  
RAPID CITY SD 57709

O. A. DENARD  
907 E. ROBERT TOOMBS AVE.  
WASHINGTON GA 30673



Murray, William -

PROTECTION ONE  
P. O. BOX 521769  
LONGWOOD FL 32752

STERLING EMERGENCY PHYSICIANS  
P. O. BOX 47659  
JACKSONVILLE FL 32247

TALIAFERRO COUNTY MAGISTRATE COURT  
P.O. BOX 264  
CRAWFORDVILLE GA 30631

TALIAFERRO COUNTY SUPERIOR COURT  
P.O. BOX 182  
CRAWFORDVILLE GA 30631

TOPPING & ASSOCIATES, LLC  
1930 NORTH DRUID HILLS RD  
STE B  
ATLANTA GA 30319

WASHINGTON WILKES ER PHYSICIANS  
P.O. BOX 42475  
PHILADELPHIA PA 19101

WILKES COUNTY EMS  
105 MARSHALL STREET  
WASHINGTON GA 30673

WILLIAM DERRICOTT  
204 WHITEHALL ST.  
WASHINGTON GA 30673

WILLS MEMORIAL HOSPITAL  
P.O. BOX 370  
WASHINGTON GA 30673